

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

**COMMITTEE NAME** (Must be same as on Statement of Organization)

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**IMPORTANT:** Indicate by # type of committee you are reporting for: 6

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Pat Shey

Political Party (if applicable)

n/a

Office Sought  
City Council

District (if Senate or House)

FORM  
**DR-2**  
(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

2009 APR 28 AM 11:15

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

  
SIGNATURE OF PERSON FILING REPORT

319 862 2277  
TELEPHONE

4-28-09  
DATE SIGNED

I AM FILING A 1/19/2009

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1277.63

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

280.06

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** ..... \$ 1557.69

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

101.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 1456.69

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 118.55

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 0.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 30.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 70.06

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01/14/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		\$ .57	<input type="checkbox"/>
02/13/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.44	<input type="checkbox"/>
03/13/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.41	<input type="checkbox"/>
04/14/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.38	<input type="checkbox"/>
05/13/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.33	<input type="checkbox"/>
06/04/08	ID# CK#	PATRICK SHEY 501 KNOLLWOOD DR SE CEDAR RAPIDS, IA 52403	SELF	275.00	<input type="checkbox"/>
06/15/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.40	<input type="checkbox"/>
07/14/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.40	<input type="checkbox"/>
08/13/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.42	<input type="checkbox"/>
09/14/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.45	<input type="checkbox"/>
SUB-TOTAL				\$ 278.80	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

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**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

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**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/13/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		\$ .40	<input type="checkbox"/>
11/13/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.43	<input type="checkbox"/>
12/14/08	ID# CK#	CEDAR RAPIDS BANK & TRUST 500 1ST AVENUE NE CEDAR RAPIDS, IA 52401		.43	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1.26	
TOTAL (if last page of this schedule)				\$ 280.06	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

**COMMITTEE NAME** (Must be same as on Statement of Organization)

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DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03/28/08	ID# CK#	CHASE CARDSERVICES P.O. BOX 94014 PALATINE, IL 60094-4014	Erroneous online payment of personal credit card. Funds returned to committee in 2009.	\$ 101.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 101.00
TOTAL (if last page of this schedule)				\$ 101.00

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

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**NOTE:** Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS – SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
09/28/05	Patrick & Nancy Shey 501 Knollwood Dr SE Cedar Rapids, IA 52403	Stamps	\$ 111.15
10/03/05	Patrick & Nancy Shey 501 Knollwood Dr SE Cedar Rapids, IA 52403	Stamps	7.40
SUB-TOTAL			\$ 118.55
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 118.55

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

**RESET**

SCHEDULE

**F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAID**☐ **CHECK THIS BOX IF  
AMENDING FORM****COMMITTEE NAME** (Must be same as on Statement of Organization)

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**NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 30.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

**TOTAL (PART I)** \$ 0.00**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

**TOTAL CASH REPAYMENTS (PART II)** \$ 0.00From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD** \$ 30.00

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Page 1 of 1  
(for Schedule F)

RESET

**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

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SCHEDULE

**H**

(Rev. 02/08)

CAMPAIGN  
PROPERTYATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF  
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
08/10/05	Used laptop	381.60	70.06

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 70.06

\* If estimated, show *est.* beside figure.**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*\* PROPERTY SALES &amp; TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_

(Attach Additional Schedules if Needed)